

TEST LOG for _____ APPLICATION

Tester's Login ID# _____

Date of Test: _____

Email Address: _____

Phone #: _____

TASK TO TEST: _____		GRANT ID used in test (or other source of information used to perform test e.g. Accession Number).			
Did you encounter errors in the data ? Y____ N____ Data Quality Comment					
Defect (use additional sheets if necessary)					
Screen ID:		Screen Name:			
Describe Problem					Severity __Blocker __Critical __High __Medium __Low
Steps to Recreate Above Problem					
What impact would this defect have on your business? (circle number)					
0	3	5	7	10	99
Very High	High	Medium	Low	No Impact	Don't know
Did you complete this task? Y__ N__			Reason not completed:		
End-of-day____ Sys Problem____ Missing Function____		Didn't Know How____ Missing Data____ Other____			
Was the Result (Output) correct? Y__ N__ Not Sure____ (Describe incorrect results for reporting)					
What additions or changes would you suggest to improve this application?					
How long did this task take in comparison to how you do it now? (circle number)					
0	3	5	7	10	99
Much Slower	Slower	Close to same time	Bit Faster	Much Faster	Don't know
How easy was this task in comparison to how you do it now?					
0	3	5	7	10	99
Much Harder	Harder	Close to same	Bit Easier	Much Easier	Don't know
TEST LOG ID					

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Defect					
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What impact would this defect have on your business? (circle number)					
0	3	5	7	10	99
Very High	High	Medium	Low	No Impact	Don't know
TEST LOG ID					